

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lo	hhvist(s) Geor	ge W. Rou	ssos and Li	.ndsay E. Nade	au
			rporation, if any:		
Orr & R	eno, P.A.				
		ership, firm or cor	poration)		
45 S. M	ain St I	20 Box 35	50 Concord	NH	03302
Business Addres		DOX 33.	(Town/City)	(State)	(Zip Code)
(603) 224-	2201	(602)	224-2318	i nade	eau@orr-reno.com
` ' — —	phone)	(003)	(Fax)	e-mane-	eddgoll leno.com
reportable exp	ense transaction	is which are no	t attributable to a	ny one client).	may file a separate report for
M All reportal	ole transactions o	ccurring in the i	nonths prior to the i	reporting date relative to	the following client:
New Ham	pshire Ass	sociation	of Domesti	c Insurance Co	ompanies
ΔD	(Full Nar	ne of Client as it	appears on the Lobbyi	st Registration Form)	
	le transactions by y particular client		cluding the lobbyis	t's family), or the lobby	ing firm listed below which are
IV. Date of Re Reports cover:	•	5, 2017 [] te of registration	to 3/31/17 a	July 26, 2017 Civity from 4/1/17 to 6/30/	117
		r 25, 2017 🛚 m 7/1/17 to 9/30/	17 a	January 31, 2018 2 activity from 10/1/17 to 12/	
	ecked, complete j			nsactions made since cretary of State's Office	e the last report. Compared to the content of t
VI. Check if ac	ditional reports	are attached:			
			res, you must file A	ddendum A- Fees and	Expenses
☐ If you have Expense Reimb		um or reimburs	ed expenses, you m	ust file Addendum B I	Report of Honorariums or
☐ If you, you	r firm, or your fa	mily has made p	olitical contribution	ns, you must file Adden	dum C- Political Contributions
I have read RSA	ent/Affirmation A 15, RSA 15-B, to the best of my k	RSA 14-C and		y swear or affirm that th	e foregoing information is true
(5)	all V			1/31/18	Date) Dro-
(Signature of I	• ′			(L	JAN 31 2018
Lindsay I	E. Nadeau				
(TIME Name of	ioooyist)				JAN 31 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay	E. Nade	eau
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.		_
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Association of Domestic Insurance Companies	Date _1	./31/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, o	r public relations services
a) Total of all fees received in this reporting period	a) \$	5,199.09
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)	102,300.91
c) Total of all fees received to date (Add lines a and b)	c) \$	107,500.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$	22,128.73
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if may be filed aggregate epenses; (b) e: meals pu is than \$10 d with a val rting period ie of greate r than \$25, expense re	expenditures are made by if for the lobbyist(s)/firm. total of all expenses paid the aggregate total of all rchased during a business that is given to the person lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50, simbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	31.82
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	15,100.00
f) Total of all expenses year to date	f) \$	15,131.82
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the fore	egoing information
(Signature of lobbyist)	1/31/1 (Da	
Lindsay E. Nadeau		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Lindsay E. Nadeau

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): New Hampshire Association of Domestic Insurance Companies Date of Report (check one): April 26, 2017 July 26, 2017 □ October 25, 2017 □ January 31, 2018 🖾 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): 1 Addendum A(s). Addendum B(s). ____ Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 1/31/18 (Date)